

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023707

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUN 24 1963

Primary Registration District No.

3016

Registrar's No.

247

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Jefferson City

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Memorial HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Moniteau

c. CITY
OR
TOWN CaliforniaInside Limits
Yes ☐ No ☒d. STREET
ADDRESS
Route # 3(If outside, give location)
Nine Mi. S.W.Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

BRYCE

Middle

RANDOLPH

Last

HILL

4. DATE
OF
DEATH

Month

Day

Year

June 14, 1963

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
1/21/18909. AGE (last birthday)
73IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Own Farm11. BIRTHPLACE (City and state or country)
California, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

David Patrick Hill

13b. MOTHER'S MAIDEN NAME

Barbara Hines

14. NAME OF HUSBAND OR WIFE

Cora Irey (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)16. SOCIAL SECURITY NO.
(If yes, give war or dates of service)

17. INFORMANT

Paul Hill, California, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UREMIA

INTERVAL BETWEEN
ONSET AND DEATH

10 DAYS

DUE TO (b)

PYELONEPHRITIS

14 DAYS

DUE TO (c)

PROSTATISM WITH OBSTRUCTION

1 YR.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

ARTERIOSCLEROTIC HEART DISEASE; GENERALIZED ARTERIOSCLEROSIS

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 6, 1963 to June 14, 1963 and last saw him alive on June 14, 1963
Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald Shull M.D.

22b. ADDRESS

521 E. High Jefferson City, Mo.

22c. DATE SIGNED

June 14, 1963

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

June 16, 1963

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

California, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Hugh E. Williams, California, Mo.

25. DATE RECD. BY LOCAL REG.

17 June 1963

26. REGISTRAR'S SIGNATURE

M. Richter, act. Reg.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

JUN 28 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No.

4804

P. O. Address

California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.